

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

| Effective October 1, 1996 08/839873  |  |  |             |                 |   |                  |                  |          |                       |      |                     |                         |  |
|--|--|--|-------------|-----------------|---|------------------|------------------|----------|-----------------------|------|---------------------|-------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |  |             |                 |   |                  |                  | LL E     | /<br>NTITY            | OR   |                     | R THAN<br>ENTITY        |  |
| FOR  |  |  | MBER FILED  |                 | NUMBER EXTRA                                  |                  | RATI             | RATE FEE |                       |      | RATE                | FEE                     |  |
| BASIC FEE  |  |  |             |                 |   |                  |                  | 3        | 85.00                 | OR   |                     | 770.00                  |  |
| тот  | AL CLAIMS  |  | ∫           | s 20 =          | *   |                  | x\$11            | =        |                       | OR   | x\$22=              |                         |  |
| INDE   | PENDENT CL   | AIMS                                     | <u> </u>    |                 | *   |                  | x40:             | =        |                       | OR   | x80=                | 80                      |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |  |             |                 |   |                  |                  | =        |                       | OR   | +260=               | - 00                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  TOTAL  |  |  |             |                 |   |                  |                  |          |                       | OR   | TOTAL               | 850                     |  |
| CLAIMS AS AMENDED - PART II  |  |  |             |                 |   |                  |                  |          |                       | 011  | OTHER THAN          |                         |  |
|  | ·  | (Column 1)                               | 1           | <del>,</del>    | olumn 2)                                      | (Column 3)       | SMA              | LL E     | NTITY                 | OR   |                     | ENTITY                  |  |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMEN           |             | PRE             | IGHEST<br>UMBER<br>EVIOUSLY<br>AID FOR        | PRESENT<br>EXTRA | RATE             |          | ADDI-<br>IONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
|  | Total  | * 14                                     | Minus       | ** (            | <u>20                                    </u> | = ~~             | x\$11            | =        |                       | OR   | x\$22=              |                         |  |
|  | Independent  | . 3                                      | Minus       | ***             |   | =                | x40=             | =        |                       | OR   | x80=                |                         |  |
| <b>4</b>   | FIRST PRES   | SENTATION (                              | OF MULTIPLE | DEPE            | NDENT CL                                      | AIM              | +130             | =        |                       | OR   | +260=               |                         |  |
| (Column 1) (Column 2) (Column 3)   |  |  |             |                 |   |                  |                  | AL<br>EE |                       | OR , | TOTAL<br>ADDIT. FEE |                         |  |
| AMENDMENT B  | 2  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |             | HI<br>NI<br>PRE | GHEST<br>UMBER<br>EVIOUSLY<br>AID FOR         | PRESENT<br>EXTRA | RATE             |          | ADDI-<br>IONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE, |  |
|  | Total  | · (5)                                    | Minus       | ** (            | Y0  | = ()             | x\$11            | =        |                       | OR   | x\$22=              |                         |  |
|  | Independent  | 3  | Minus       | ***ر            | 3   | = (5)            | x40=             | =        |                       | OR   | x80=                |                         |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |  |             |                 |   |                  |                  | =        |                       | OR   | +260=               |                         |  |
| (Column 1) (Column 2) (Column 3)   |  |  |             |                 |   |                  | TOT<br>ADDIT. FI |          |                       | OR   | TOTAL<br>ADDIT. FEE |                         |  |
| ENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMEN |             | HI<br>NI<br>PRE | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR           | PRESENT<br>EXTRA | RATE             |          | ADDI-<br>IONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE  |  |
| AMENDMENT  | Total  | *  | Minus       | **              |   | =                | x\$11:           | =        |                       | OR   | x\$22=              | <u>.</u> .              |  |
|  | Independent  | *  | Minus       | ***             |   | =                | x40=             | :        |                       | OR   | x80=                |                         |  |
| ۷  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= |  |             |                 |   |                  |                  |          |                       | OR   | +260=               |                         |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |  |             |                 |   |                  |                  |          |                       |      |                     |                         |  |

FORM **PTO-875** (Rev. 10/96)